



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

Christopher Henn, D.C.

**Respondent Name**

New Hampshire Insurance Company

**MFDR Tracking Number**

M4-17-0920-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

December 5, 2016

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "DESIGNATED DOCTOR EXAMINATION INCORRECT REDUCTION/PARTIAL PAY"

**Amount in Dispute:** \$650.00

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The bill was reviewed again on 12/20/2016. On 12/21/2016 the bill was re-processed and recommended an additional payment of \$500.00..."

**Response Submitted by:** AIG

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 15, 2015	99456-W5-WP	\$150.00	\$150.00
December 15, 2015	99456-W5-RE	\$500.00	\$0.00
December 15, 2015	99080-73	\$0.00	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.204 sets out the fee guidelines for division-specific services provided from March 1, 2008 until September 1, 2016.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - Workers' compensation jurisdictional fee schedule adjustment.
  - The charge for the procedure exceeds the amount indicated in the fee schedule.

## **Issues**

1. What are the services considered in this dispute?
2. Is Christopher Henn, D.C. entitled to additional reimbursement?

## **Findings**

1. Christopher Henn, D.C. requested medical fee dispute for the following procedure codes: 99456-W5-WP, 99456-W5-RE, and 99080-73. Per the Medical Fee Dispute Resolution Request (DWC060), Dr. Henn is seeking \$0.00 for procedure code 99080-73. Therefore, this service will not be reviewed in this dispute.

AIG, an agent of New Hampshire Insurance Company (NHIC), provided an explanation of benefits (EOB) indicating that NHIC subsequently reimbursed procedure code 99456-W5-RE at the full requested amount of \$500.00. Consequently, this service will not be considered in this dispute.

Dr. Henn is seeking an additional reimbursement of \$150.00 for procedure code 99456-W5-WP. This is the service the division will consider for this dispute.

2. Per 28 Texas Administrative Code §134.204(j)(3), "The following applies for billing and reimbursement of an MMI evaluation... (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350." The submitted documentation supports that the requestor performed an evaluation of Maximum Medical Improvement. Therefore, the MAR for this examination is \$350.00.

Per 28 Texas Administrative Code §134.204(j)(4),

The following applies for billing and reimbursement of an IR evaluation ...

(C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas.

(i) Musculoskeletal body areas are defined as follows:

- (I) spine and pelvis;
- (II) upper extremities and hands; and,
- (III) lower extremities (including feet).

(ii) The MAR for musculoskeletal body areas shall be as follows...

(II) If full physical evaluation, with range of motion, is performed:

(-a-) \$300 for the first musculoskeletal body area.

(-b-) \$150 for each additional musculoskeletal body area.

The submitted documentation indicates that the requestor provided an impairment rating and performed a full physical evaluation with range of motion for the lumbar spine and right foot. Therefore, the MAR for this examination is \$450.00.

The total MAR for procedure code 99456-W5-WP is \$800.00. NHIC paid \$650.00. An additional \$150.00 is recommended.

## **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$150.00.

## ***ORDER***

Based on the submitted information, pursuant to Texas Labor Code Sec. 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services in dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$150.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Laurie Garnes  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
February 14, 2017  
Date

***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**